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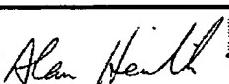
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| <b>TRANSMITTAL FORM</b><br><br><i>(to be used for all correspondence after initial filing)</i> |    | Application Number<br>09/905400        |
|  |    | Filing Date<br>07/13/2001              |
|  |    | First Named Inventor<br>Vaishali Angal |
|  |    | Art Unit<br>3629                       |
|  |    | Examiner Name<br>Traci L Smith         |
| Total Number of Pages in This Submission   | 19 | Attorney Docket Number<br>26196-702    |

**ENCLOSURES (Check all that apply)**

|  |  |  |
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| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input checked="" type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____<br><br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):<br><br>Please see remarks below. |
| <b>Remarks</b><br>Page 1 - This page.<br>Page 2 - Extension of time request<br>Page 3 - Payment for Extension of Time via PTO-2038<br>Pages 4-19 Amendment/Reply to OA of 7/08/2005  |  |  |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |   |          |       |
|--------------|---|----------|-------|
| Firm Name    | Heimlich Law  |          |       |
| Signature    |  Digitally signed by Alan Heimlich<br>DN: CN = Alan Heimlich, C = US, O = Heimlich Law |          |       |
| Printed name | Alan Heimlich   |          |       |
| Date         | 01/09/2006  | Reg. No. | 48808 |

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| Typed or printed name | Alan Heimlich   |            |  |
|                       | Date  | 01/09/2006 |  |

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